

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32658**

FILED OCT 22 1948

Registration District No. **12 2**

Primary Registration District No. **5456**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Wilson township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 8, Springfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life time (Specify whether
In this community Life time years, months or days)

3. (a) PRINT FULL NAME WILLIAM EDWARD JOHNSON

3. (b) If veteran, No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Johnson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June 10 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 29
If less than one day hr. min.

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business General Farming

12. Name John D Johnson
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary E Payne
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Johnson
(b) Address Route 8, Springfield, Missouri
17. (a) Burial (b) Date thereof 10-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) Oct-16-48 (b) Glorious Britain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural Wilson township
(If outside city or town limits, write "RURAL")
(d) Street No. Route 8, Springfield, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct-20 day 9
year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct-1- 1948 to Oct-9- 1948;
that I last saw him alive on Oct-9- 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 8 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 32
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) _____ (e) Means of injury 0
23. Signature E. M. LeCompte (M. D. or other) M.D.
Address Springfield, Mo. Date signed 10-12-48

RECEIVED

Greene County Health Office,

County File Number 48-10-73

Date Filed 10-21-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Julian R Goodwin

Licensed Embalmer No. 4562

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.